

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 327.00: RATES OF PAYMENT FOR AMBULANCE AND WHEELCHAIR VAN  
SERVICES

Section

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327.01: General Provisions

(1) Scope and Purpose. 101 CMR 327.00 governs the rates of payment to eligible ambulance and wheelchair van service providers to be used by all governmental units for services provided to publicly aided individuals. The ground transport rates set forth in 101 CMR 327.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c.152.

(2) Effective Date. Rates contained in 101 CMR 327.00 are effective for dates of service on or after September 20, 2019.

(3) Disclaimer of Authorization of Services. 101 CMR 327.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 327.00. Governmental units that purchase services are responsible for the definition, authorization, and approval of care and services provided to publicly aided individuals.

(4) Coverage. The rates of payment in 101 CMR 327.00 constitute payment in full for all services provided by an eligible provider, including administration and professional supervision services. The payment rates will apply to ambulance and wheelchair van services provided by eligible providers to publicly aided individuals whose medical condition requires the use of such vehicles under the conditions described by the purchasing governmental unit.

(5) Exclusion. 101 CMR 327.00 and the payment rates in 101 CMR 327.03 ~~shall~~will not, under any conditions, apply when the purchasing governmental unit determines that:

- (a) no medical necessity exists; or
- (b) some means of transportation other than an ambulance or wheelchair van may be used without endangering the patient's health; or
- (c) ambulance or wheelchair van usage is for an unauthorized purpose.

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(6) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of an administrative bulletin. Updates may reference coding systems including but not limited to the *Healthcare Common Procedure Coding System (HCPCS)*. The publication of such updates and corrections will list:

- (a) codes for which the code numbers change, with the corresponding cross references between existing and new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
- (b) codes for which the code number remains the same but the description has changed;
- (c) deleted codes for which there are no corresponding new codes; and
- (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) payment for these codes until appropriate rates can be developed.

(7) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 327.00, or to issue coding updates and corrections under 101 CMR 327.01(6).

327.02: General Definitions

Terms, as used in 101 CMR 327.00, have the meanings set forth in 101 CMR 327.02.

Ambulance. An aircraft, boat, motor vehicle, or other means of transportation, however named, whether privately or publicly owned, which is intended to be used for, and is maintained and operated for, the response to and the transportation of sick or injured individuals.

Center. The Center for Health Information and Analysis, established under M.G.L. c. 12C.

Eligible Provider. A person, partnership, corporation, governmental unit or other entity that provides authorized emergency ambulance, nonemergency ambulance, and/or wheelchair van services and that also meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing ambulance services.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth of Massachusetts or, any of its departments, agencies, boards, ~~or~~ commissions, or political subdivisions.

Individual Consideration (I.C.). Rates of payment to eligible providers for services authorized but not listed herein, or authorized services performed in exceptional circumstances will be determined on an individual consideration basis by the governmental unit upon receipt of a bill that describes the services rendered. Eligible providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the governmental unit upon request.

Loaded Mileage. The actual distance a person or persons is (are) transported in an ambulance or wheelchair van.

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Nonpublic Ambulance Service. Ambulance services which are not provided by a city or town, county, district, or other governmental body and are licensed pursuant to M.G.L. c. 111C § 6.

Publicly Aided Individual. A person for whose medical and other services a governmental unit is in whole or in part liable under a statutory program.

Trip. The event of pick-up, transport and delivery of a person or persons to or from a hospital or other health care facility by an ambulance or wheelchair van.

Trust Fund. The Nonpublic Ambulance Service Reimbursement Trust Fund established under M.G.L. c. 29, § 2KKKKK, to provide money to be expended for Medicaid payments to nonpublic ambulance services, as specified in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. The Secretary of Health and Human Services, as trustee, will administer the fund and will make expenditures from the fund consistent with M.G.L. c. 29, § 2KKKKK.

Wheelchair Van. A motor vehicle that is specifically equipped to carry one or more persons who have a mobility disability or who are using a wheelchair.

327.03: General Rate Provisions and Payment

(1) Rate Determination. The rates for authorized ambulance and wheelchair van services under 101 CMR 327.00 are the lowest of:

- (a) the eligible provider's usual fee to patients other than publicly-aided individuals; or
- (b) the eligible provider's actual charge submitted; or
- (c) the schedule of fees set forth in 101 CMR 327.03.

(2) Allowable Trip Fees for Ambulance Services.

Code	Allowable Fee	Description of Code
A0425	\$3.51	Ground mileage, per statute mile (loaded mileage)
A0426	\$189.45	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
A0427	\$299.97	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency)
A0428	\$157.88	Ambulance service, basic life support, nonemergency transport (BLS)
A0429	\$252.61	Ambulance service, basic life support, emergency transport (BLS-emergency)
A0430	\$4,036.04	Ambulance service, conventional air services, transport, one way (fixed wing)
A0431	\$4,036.04	Ambulance service, conventional air services, transport, one way (rotary wing)
A0433	\$434.17	Advanced life support, level 2 (ALS 2)
A0434	\$513.11	Specialty care transport (SCT)

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Code	Allowable Fee	Description of Code
A0170	I.C.	Transportation ancillary; parking fees, tolls, other (used only for ferry charges)
A0999	I.C.	Unlisted ambulance service ( <del>used for transporting patients who require special resources to be safely transported, including but not limited to bariatric patients</del> used for transporting bariatric patients only)

(3) Billing Certification. Each eligible provider who submits an invoice to a governmental unit for authorized ambulance services must certify to the accuracy of the level of services provided, as listed on its invoice.

(4) Allowable Trip Fees for Wheelchair Van Services.

Code	Allowable Fee	Description of Code
A0130	\$40.55	Nonemergency transportation; wheelchair van (each way)
S0215	\$1.46	Nonemergency transportation; mileage, per mile (wheelchair van, loaded mileage)
T2001	\$8.00	Nonemergency transportation; patient attendant/escort (wheelchair van, each way)

327.04: Special Contracts.

Notwithstanding 101 CMR 327.03 and 327.04, a governmental unit may enter into a special contract with an eligible provider under which the governmental unit will pay for services authorized but not listed herein, or authorized services performed in exceptional circumstances.

327.05: Nonpublic Ambulance Supplemental Payment Provisions

(1) Provider Eligibility. To be eligible to receive supplemental payments from the Trust Fund, a nonpublic ambulance provider must be

- (a) licensed under M.G.L. c. 111C, § 6, as defined by the Department of Public Health; and
- (b) a MassHealth enrolled provider; and
- (c) in compliance with the payment conditions set forth in 101 CMR 327.05(2).

(2) Payment Conditions.

- (a) Nonpublic ambulance service expenditures will be made only under federally approved payment methods and consistent with federal funding requirements and all federal payment limits as determined by the Secretary of Health and Human Services.
- (b) Payments under the Trust Fund will only be made to eligible nonpublic ambulance providers that 1) provide service to MassHealth members without limitations or restrictions based on origin point or diagnosis code, so long as the origin point is consistent with the locality requirements under 130 CMR 407.411(C): *Locality Restriction*, 2) meet service quality standards as defined by EOHHS via administrative bulletin or other written issuance, including quality standards related to timely service and waiting times; and 3) comply with all applicable requirements of 130 CMR 407.00.

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(3) Compliance with Conditions of Payment.

(a) EOHHS may audit compliance with conditions of payment.

(b) EOHHS may, via administrative bulletin or other written issuance, establish standards governing various conditions of payment, including, but not limited to, attestations, reporting requirements, compliance with payment conditions, penalties for noncompliance, and recovery.

(4) Timing of Payments.

(a) EOHHS will direct payments to eligible nonpublic ambulance providers from the Trust Fund each state fiscal year in which funding is available in the Trust Fund. Within 45 days of the end of each quarter, starting with the quarter beginning July 1, 2021, EOHHS will calculate and distribute payments to eligible nonpublic ambulance providers consistent with the payment methodology described in 101 CMR 327.05(5).

(b) Notwithstanding 101 CMR 327.05(4)(a), EOHHS will not make supplemental payments to nonpublic ambulance providers unless and until EOHHS receives notice of approval from the Centers for Medicare & Medicaid Services for federal financial participation for expenditures related to the assessment described in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. Upon receiving such approval, EOHHS will make supplemental payments for dates of service on or after July 1, 2021, within 45 days of such approval or the end of the relevant quarter, whichever is later.

(5) Payment Methodology. Each quarter starting with the quarter beginning July 1, 2021, and subject to available state and federal funding and allowable under federal law, EOHHS will allocate payments to eligible nonpublic ambulance providers in the following amounts, subject to the limitations describes in 101 CMR 327.05(c):

(a) EOHHS will distribute 70% of the payment to eligible nonpublic ambulance providers as follows, with the amount paid to each nonpublic ambulance provider equaling the product of

1. the ratio of the amount of ambulance services billed to MassHealth by that non-public ambulance provider for the prior quarter to the amount of all nonpublic ambulance providers' billing to MassHealth for ambulance services for that prior quarter; and
2. 70% of the amount calculated to be payable from the Trust Fund.

(b) EOHHS will distribute 30% of the payment to eligible nonpublic ambulance providers as follows, with the amount paid to each nonpublic ambulance provider equaling the product of

1. the ratio of the amount of ambulance services billed to MassHealth under HCPCS codes A0426 and A0428 by that non-public ambulance provider for the prior quarter to the amount of all nonpublic non-emergency ambulance providers' billing to MassHealth under HCPCS codes A0426 and A0428 for that prior quarter; and
2. 30% of the amount calculated to be payable from the Trust Fund.

(c) The payments to eligible non-public ambulance providers described in 101 CMR 327.05(5)(a) and (b) may not exceed the sum of the difference between the Medicaid payments otherwise made to these providers for the provision of ambulance services and the amount that would have been paid at the equivalent average commercial rate (ACR) in aggregate, as follows:

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1. For all eligible nonpublic ambulance providers, EOHHS will identify the emergency and non-emergency ambulance services for which the provider is eligible to receive supplemental payment.
2. The supplemental payment amount will be calculated by first determining the equivalent ACR for all eligible emergency and non-emergency ambulance services identified under 101 CMR 327.05(5)(c)1.
3. EOHHS will then subtract an amount equal to the base Medicaid reimbursement amount for each of the emergency and non-emergency ambulance services from the ACR calculated in 101 CMR 327.05(5)(c)2, to determine the percentage increase for each emergency and non-emergency ambulance service provided by eligible nonpublic ambulance providers.
4. The supplemental payment due to eligible nonpublic ambulance providers will be subject to available funding and will not exceed the differential in 101 CMR 327.05(5)(c)3, multiplied by the total number of units for each service.
5. If any amount described in 101 CMR 327.05(5)(a) or (b) cannot be distributed because of limitation calculated in 101 CMR 327.05(5)(c)4., EOHHS at its discretion may adjust the percentage allocated to category (a) or (b) via administrative bulletin or other written issuance.

327.065: Reporting and Registration Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements* and any reporting or registration requirements set forth in 101 CMR 324.00: *Nonpublic Ambulance Service Reimbursement Trust Fund Assessment and Funding*. In addition, each eligible nonpublic ambulance provider that receives a supplemental payment pursuant to 101 CMR 327.05 must file or make available all records and information necessary to demonstrate compliance with conditions of payment upon EOHHS request, including documentation of the uses of such payments.

(2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 327.05(2)-

327.07 Reductions in Payment

EOHHS may deny, reduce, or withhold payment to an eligible nonpublic ambulance provider that fails to comply with any condition of payment set forth in 101 CMR 327.05. EOHHS will notify the nonpublic ambulance provider of its intention to deny, reduce, or withhold payment. EOHHS may apply reductions in payments to the successor in interest or any provider under common interest.

327.086 Severability

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The provisions of 101 CMR 327.00 are severable, and if any provisions of 101 CMR 327.00 or the application of such provisions to any person or circumstances is held to be invalid or unconstitutional, such invalidity ~~shall~~will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 327.00 or application of such provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 327.00: M.G.L. c.118E.